

2017 Statement of Income and Expenses for LOBBYISTS

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JUL 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Raulelille Law	i Ci i CC		
II. Name of lobbyist's	partnership, firm or	corporation, if a	ny:	
N/A		····		
(Nam	e of partnership, firm or o	orporation)		
Business Address: (Stre	eet)	(Town/City)	(State)	(Zip Code)
()	()	e-mail	
(Telephone)	((Fax)		
reportable expense tra	ansactions which are	not attributable t	ts for each client, OR you mo any one client). the reporting date relative to t	
ACT, Inc.				-
	(Full Name of Client as	it appears on the Lo	bbyist Registration Form)	
OR	41115-6-6	21 11 12	to take at a tentor	C 11 4 11 4 11 1
unrelated to any particu		(including the lob	byist's family), or the lobbyin	ig tirm listed below which ar
IV. Date of Report Reports cover: activit	April 26, 2017 🗀		July 26, 2017 Sactivity from 4/1/17 to 6/30/17	
	October 25, 2017 netivity from 7/1/17 to 9/3		January 31, 2018 activity from 10/1/17 to 12/3.	
			transactions made since e Secretary of State's Office,	
VI. Cbeck if additiona	il reports are attached	l:		
☐ If you have receive	d fees or made expend	itures, you must f	le Addendum A-Fees and F	Expenses
☐ If you have paid an Expense Reimbursemen		rsed expenses, yo	u must file Addendum B – Ro	eport of Honorariums or
☐ If you, your firm, o	r your family has made	e political contribu	utions, you must file Addend	um C- Political Contribution
Sworn Statement/Affi I have read RSA 15, RS and complete to the bea	SA 15-B, RSA 14-C an	l belief.	ereby swear or affirm that the $\frac{7.20.21}{(Date)}$	
Signature of lobbyist)			(Da	ate)
Katherine Lawre	ence			
(Print Name of Johnsis				